Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10/02/201</u> 0	Address:	7551 N CR750 E
Case #:	35F31095		Petersburg. In
County:	<u>Pike</u>		
Type of Laboratory Scizure (check one) S		Seizure Location (check all that apply)	
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all th	at apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: Camper/basement teactive Metal (Lithium): ous Ammonia: Field oloric Acid Gas Generator(s): we Acid: Camper ye Base: tem and location):	r, etc)	
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: This report is to be faxed to the following agencies that serve the location: Fire Department: Petersburg VFD Fax: 812-354-2030 Health Department: Pike County Fax: 812-354-2532 Four N/A			
_	ction Service: N/A	Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.